Acceptable POC MN 2/10/11

PRINTED: 01/20/2011
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS82AGC	A. BUILDING _____ B. WING _____	01/19/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEST CARE FACILITY 1	720 S NINTH STREET LAS VEGAS, NV 89101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/19/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 16. Ten resident files were reviewed and five employee files were reviewed. The facility received a grade of A.	Y 000		
Y 255 SS=C	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 2-2-11

RECEIVED
FEB 03 2011
BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

Bureau of Health Care Quality and Compliance

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Y 255	Continued From page 1	Y 255		

This Regulation is not met as evidenced by:
Based on observation, interview and record review on 1/19/11, the facility failed to ensure the kitchen complied with the standards of NAC 446.

Findings include:

1. Cleaning and Sanitation Issues:

a. Two containers of flour on the dry storage shelf in the kitchen were not labeled

b. The handle of the scoop was laying in the sugar in the sugar container in the kitchen.

c. There was no detectable sanitizer in the solution in which wiping cloths were stored in the kitchen.

d. The paper towel dispenser was mounted directly above the drainboard of the three compartment sink on which sanitized kitchenware and tableware were drying.

2. Equipment and Maintenance Issues:

a. The faucet of the three compartment sink was leaking.

Severity 1 Scope: 3

accept
for
2/10/11

A- Corrected 1-19-11 attachment A

B- Corrected 1-19-11 attachment B

C- Corrected 1-19-11 attachment C

D- Corrected 1-19-11 attachment D

2. Equipment + maintenance issue

a- Corrected 1-20-11 attachment E